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Application Number: 09/651,424

Filing Date: 8/30/2000

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- 1. Fee Transmittal
- 2. Petition for Extension of Time
- 3. Appeal Brief

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Under the Panerwork Reduction Act of 1995, no decision are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Foes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/651,424 RECLIVED TRANSMIT 8/30/2000 Filing Date CENTRAL FAX CENTER Jakubowski et al. For FY 2005 First Named Inventor Tongoc Tran Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2134 Art Unit (\$) 620.00TOTAL AMOUNT OF PAYMENT MS1 - 528US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None I Other (please identify): Check L Lee & Hayes, PLLC 12-0769 Deposit Account Deposit Account Number._ Deposit Account Namo; For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity Small Entity Small Entity Foos Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (5) Fee (\$) 200 100 300 500 250 150 Utility 200 100 100 50 130 65 Design 160 80 Plant 200 100 300 150 300 500 250 600 300 Reissue 150 200 0 0 **Provisional** 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Multiple Dependent Claims Fee Paid_(\$) **Total Claims** Fee (\$) Fee Paid (\$) 50 Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20 Fee (\$) Fee Paid (\$) Extra Claims indop. Claims 200 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Shoots Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets (round up to a whole number) x / 50 ⇒ Fees Paid (\$) 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time (\$120); Appeal Brief (\$500) 620.00 SUBMITTED BY Registration No. Telephone (509) 324-9256 38318 Signature Date Name (Print/Type) Allan T. Sponseller

This collection of information is required by 97 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confideritiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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